

# Request for Education – Credential Verification

Northwestern Seminary  
(727) 859-1956  
registrar@northwestern-email.com

Print this form, complete information, and return by fax or email to the number or address above. You can also mail it to the address below. Verification will not be processed for students with financial or other unmet obligations to the school. There is no fee for verifications.

## Student Information:

_____ Name (Please Print)			_____ Any other name(s) on record		
_____ Street Address			_____ Student I.D. Number		
_____ City	_____ State	_____ Zip Code	_____ Date of Birth		
( ) _____ Daytime Phone	( ) _____ Cell Phone	_____ e-mail			
Degree Received: _____			Dates attended: _____ to _____		
Date Graduated/Degree Received: _____					

## Recipient Information:

_____ Attention		
_____ Institution/Business		
_____ Street Address		
_____ City	_____ State	_____ Zip Code
_____ Receiver's Email Address <b>(REQUIRED)</b>		

You are hereby authorized, without reservation, to release to the recipient above all information regarding my educational background. I understand that my report may be used for employment services.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

All verification requests are processed in the order in which they are received regardless of the method by which they are requested.

To request by mail, send this form to:

Northwestern Seminary  
Attn: Christian Educational Services  
14391 Spring Hill Drive STE 288  
Spring Hill, FL 34609